

147

for each, and  
ing Physician  
This certificate must be  
6 days after birth.  
or midwife with each local Registrar w  
15 days after birth.

AMENDMENT ATTACHED 12-27-67 ork

PLACE OF BIRTH

County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 327

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 7696

Local Registrar's No. 6806

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES  
Alive ~~NO~~

Sex of Child Female Twin, Triplet or other } and { Number in order of birth Legiti- mate? yes Date of Birth Dec 17 1919  
Month Day Yr.

Full Name FATHER Curtis F. Green  
Residence 446 E. Madison  
Color or Race Black Age at last Birthday 39 Years  
Birthplace Texas  
Occupation Laborer

Full Maiden Name MOTHER Harrietta Drayton  
Residence 446 E. Madison  
Color or Race Black Age at last Birthday 32 Years  
Birthplace New Jersey  
Occupation House wife

Number of child of this Mother 2 Number of Children, of this mother, now living 20 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 17 1919, at 8 P.M.

\*When there is no attending physi-  
cian or midwife, then the householder  
should make this return.

Signature Karl M. Jarr  
Attending physician, midwife, householder.\*

Given or Christian name added from a  
supplemental report \_\_\_\_\_ 191\_\_

Address Phoenix, Arizona  
LOCAL REGISTRAR.

375-1216-9445  
COUNTY REGISTRAR.

Filed 12-11-1919

A True Copy

Filed 1-5-1920

66 R. Loanson  
COUNTY REGISTRAR